

South Dakota Board of Social Work Examiners

135 East Illinois, Suite 214
Spearfish, SD 57783-2446
605-642-1600

CONTRACT FOR SUPERVISION TO MEET CSW-PIP LICENSURE

FOR BOARD USE ONLY:

Received _____

Received by board on _____

Approved ____ Yes ____ No Approved to Begin _____

If your contract is approved, it will begin on the date it was received in this office or the beginning date of supervision if it is a later date. You must mail the original to the board office. Please contact the board office 7 days after mailing to guarantee receipt of your contract.

Supervisee: _____ SS# _____
(Last) (First) (M.)

Current CSW License Number: _____ Date Licensed as a CSW: _____

Home Address: _____
(Street or P.O. Box)

(City) (State) (Zip)

Place of Employment: _____

Employment Address: _____
(Street or P.O. Box)

(City) (State) (Zip)

My Position: _____

Supervisor Name: _____

SD License Number: _____ Type of License: _____
(Supervisor, Please supply proof that your license is current)

Place of Employment: _____

Beginning Date of Supervision: _____
(Month) (Date) (Year)

Specify Focus and Specialization of Supervision: _____

(over)

SUPERVISOR'S QUALIFICATIONS

Title: _____ Degree: _____

Licensed As: _____ License Number: _____

State Board Address and Telephone Number if not a South Dakota CSW-PIP

Original Date of License: _____

Expiration Date of License: _____

Areas of Practice and Specialization: _____

It is agreed that supervision will meet the minimum expectations of an average of one hour per week of supervision, for two cumulative years. (For part-time employment see 20:59:05:07 (2).) It is understood that group supervision is acceptable only if such supervision does not exceed at least one-half of the total supervisory time.

It is agreed that written evaluations will be completed by the supervisor, using the approved evaluation form every six months. Evaluation forms will be mailed to you after approval of your contract. Please mail originals to the Board Office. The evaluation will be given to the supervisee and a copy will be maintained by the supervisor. Such evaluations will become a part of the supervisee's personnel file if supervision is being provided by the agency; either through a staff member or through a supervisor engaged by the agency. It is agreed that if this contract is terminated by either party, both parties will notify the board. The supervisor will promptly complete the evaluation and termination forms and submit them to the Board. The undersigned agree to adhere to the guidelines on supervision as outlined in Article 20:59:05.

We, the undersigned, attest to the fact that the supervisee will not be engaged in the private practice of social work until duly licensed as a CSW-PIP by the South Dakota Board of Social Work Examiners.

I have read and I understand that it is my responsibility to comply with **Chapter 20:59:05** of South Dakota Administrative Rules (pages 16-21) regarding supervision of CSW-PIP candidates.

I declare and affirm under penalties of perjury that this contract has been examined by me and to the best of my knowledge and belief, is in all things true and correct.

Supervisee's Name:

Supervisor's Name

(Print)

(Print)

Supervisee's Signature

Supervisor's Signature

Date _____

Date _____